

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2004 8:00 am**  
**Secretary of State**

02-13-2004 90005 037 \*\*\*150.00

<b>DOCUMENT # P00000055248</b> 1. Entity Name <b>THE LAW OFFICES OF ALEXANDER S. FISHMAN, P.A.</b>			
Principal Place of Business <b>2020 NE 163 ST</b> <b>300</b> <b>MIAMI, FL 33162</b>		Mailing Address <b>2020 NE 163 ST</b> <b>300</b> <b>MIAMI, FL 33162</b>	
2. Principal Place of Business <b>8031 LAGOS DE CAMPO BLVD</b> Suite, Apt. #, etc.		3. Mailing Address <b>8031 LAGOS DE CAMPO BLVD.</b> Suite, Apt. #, etc.	
City & State <b>TAMARAC, FL</b> Zip <b>33321</b> Country		City & State <b>TAMARAC, FL</b> Zip <b>33321</b> Country	
4. FEI Number <b>65-1013012</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>FISHMAN, ALEXANDER S</b> <b>2020 NE 163 ST</b> <b>STE 300</b> <b>MIAMI, FL 33162</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>8031 LAGOS DE CAMPO BLVD.</b> City <b>TAMARAC</b> <b>FL</b> Zip Code <b>33321</b>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <b>ALEXANDER S. FISHMAN</b> <span style="float: right;">2/11/04</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>FISHMAN, ALEXANDER S</b> <b>951 NE 167TH ST., STE 102</b> <b>MIAMI, FL 33162</b>	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>8031 LAGOS DE CAMPO BLVD.</b> <b>TAMARAC, FL 33321</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <b>ALEXANDER S. FISHMAN</b> <span style="float: right;">2/11/04 (954)295-2008</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			